

APPLICATION FOR EMPLOYMENT

In order for this application to be considered, **all questions must be answered completely.**

This form may be photocopied; please type or print with black ink.

I. PERSONAL DATA:

Date of Application	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other last name(s) you have used
Name: Last, First, Middle		Home Phone
Street or Rural Route Address		Work Phone
City/State/Zip		Cell Phone
Email Address		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe circumstances on a separate sheet and attach.	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or eligibility for immigration work authorization is required upon employment. Do you require visa sponsorship for long term employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now or have you ever been a member of the Missouri teacher's retirement or non-teachers retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which retirement system: <input type="checkbox"/> teachers/PSRS <input type="checkbox"/> non-teachers/PEERS <input type="checkbox"/> retiree (receiving benefit) Do you have a Missouri DESE Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy		

II. POSITION(S) APPLYING FOR:

Level: <input type="checkbox"/> Administrative <input type="checkbox"/> Professional <input type="checkbox"/> Support <input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct <input type="checkbox"/> Continuing Education		
Position(s) title: _____		
Work Schedule Preferred: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Day <input type="checkbox"/> Evening	Date Available	Minimum Wage/Salary
Have you ever been employed at ECC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: (Mo./Yr.) _____ to (Mo./Yr.) _____		
Position Held: _____ Former Supervisor: _____		
Would you like to be considered for other positions of which you may be qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No		

III. EDUCATION: Official transcript(s) will be required for all college work indicated.

Name of Institution	State	Graduated?	Degree Obtained	Major
High School or GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	N/A
College or Other Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or Other Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or Other Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or Other Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total graduate hours in teaching field:				

IV. EMPLOYMENT HISTORY: (Please list all present and previous work experience/periods of employment and unemployment and provide a current resume)

Company			Current Position	From (Mo./Yr.)	To (Mo./Yr.)
Street Address			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary # Hours per week: _____		
City	State	Zip	Summarize Main Duties		
Phone			Summarize Reason for Leaving		
Company			Former Position	From (Mo./Yr.)	To (Mo./Yr.)
Street Address			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary # Hours per week: _____		
City	State	Zip	Summarize Main Duties		
Phone #			Summarize Reason for Leaving		
Company			Former Position	From (Mo./Yr.)	To (Mo./Yr.)
Street Address			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary # Hours per week: _____		
City	State	Zip	Summarize Main Duties		
Phone #			Summarize Reason for Leaving		

V. PROFESSIONAL REFERENCES: You must provide 3 professional references to be considered for employment.

Name	Title/Occupation	Company Name
Association to you?	Work Phone #	Alternate Phone #
Name	Title/Occupation	Company Name
Association to you?	Work Phone #	Alternate Phone #
Name	Title/Occupation	Company Name
Association to you?	Work Phone #	Alternate Phone #

VI. AUTHORIZATION FOR RELEASE OF INFORMATION: READ CAREFULLY BEFORE SIGNING

Unsigned applications will not be considered for employment.

I hereby authorize my current and former employers and references to furnish any information about me and about my work experience. I release my current and former employers and references from any and all liabilities or damages of any nature as a result of providing such information. My current and former employers and references may rely on a signed copy of this release. I certify that the answers given in this application are true and complete to the very best of my knowledge. In the event I am employed by East Central College and in the further event that I have provided false or misleading information or made an omission of material fact in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after discovery of the false or misleading information. I understand that this application will be considered active for twelve months. I understand that if I wish my candidacy to remain open after that date I must submit another application. I understand it is the policy of East Central College that all full-time employees will be subject to a pre-employment criminal background check. I understand that East Central College is required to participate in E-Verify.

Signature of Applicant:	Date
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NOTICE OF NON-DISCRIMINATION – Applicants for admission and employment, students, employees, and sources of referral of applicants for admission and employment and individuals with whom the Board of Trustees and college officials do business are hereby notified that East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, age, disability, genetic information or veteran status. Inquiries related to employment practices may be directed to Human Resources Director, 005-D Donald Shook Student Center, telephone number 636-584-6710 or hrnotice@eastcentral.edu.

In compliance with the federal Student Right-to-Know Act and the Campus Security Act, information regarding campus (and off-campus) crimes, safety and security policies and procedures, and student graduation rates are available at www.eastcentral.edu/business/leadership/institutionalresearch. Copies may also be obtained by contacting the Office of Institutional Research, Assessment and Planning.